

**AMBER JACKSON'S SOFTBALL CAMPS
AT DELAWARE STATE UNIVERSITY
RELEASE AND WAIVER OF LIABILITY**

All players must have a signed waiver before participating in Amber Jackson's Softball Camps. All waivers must be handed in at registration prior to camp.

Participant Name: _____ **Email:** _____

Emergency Contact: _____ **Phone:** _____

PARTICIPANT INSURANCE INFORMATION

Insurance Company: _____

Company Address: _____

Policy Holder: _____ **Policy #** _____

ASSUMPTION OF RISK / LIABILITY RELEASE:

In consideration of being permitted to participate in Amber Jackson's Softball Camps at Delaware State University, I hereby assume the risks of personal injury that may result from program activities. I am knowledgeable about the sport, have previously participated in the sport, and am aware of the potential for injury while participating. As a participant and/or as a parent or guardian, I do hereby release the Delaware State University Board of Regents, the Delaware State University, Amber Jackson's Softball Camps and their officers, employees and agents, from all liability for personal injury or property damage which result from causes beyond the control of, and without the fault or negligence of, the Delaware State University, its employees, agents, or officers.

CONSENT FOR TREATMENT OF A MINOR:

I, the undersigned, authorize the staff of Amber Jackson's Softball Camps to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp, it's staff, and Amber Jackson, it's successors, assigns, officers, agents and employees from any and all liability for any injuries or illness incurred while at a camp/clinic. I have no knowledge of any physical impairment that would be affected by the above camper's participation in the camp/clinic.

I have read and agree to the terms of both the "Consent for Treatment of a Minor" and "Assumption of Risk / Release from Liability".

Parent/Legal Guardian Printed Name _____ **Phone #** _____

Parent/Legal Guardian Signature _____ **Date** _____

Participant Signature _____ **Date** _____